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NO. 477

P. 2

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Mostafazadeh et al.

Attorney Docket No.:

Application No.: 10/044,162

NSC1P225R/P03405D1-R1

Filed: January 11, 2002

Examiner: Pham, T.


Title: PLASTIC PACKAGE WITH EXPOSED
DIE AND METHOD OF MAKING SAME

Group: 2823

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being transmitted by facsimile to fax number (571) 273-8300 to the U.S. Patent and Trademark Office on March 31, 2006.

Signed:


Lara M. Nelson**NOTICE OF APPEAL**Mail Stop AF
Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicant hereby appeals to the Board of Appeals from the decision of the Primary Examiner mailed January 31, 2006 finally rejecting Claims 1-2 and 4-10.

The item(s) checked below are appropriate:

Appeal Fee: ☐ \$250.00 (Small Entity) ☒ \$500.00 (Large Entity)☒ Enclosed is a Pre-Appeal Brief Request for Review.

The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply:

☐ Applicant petitions for an extension of time under 37 CFR 1.136 (fees: 37 CFR 1.17(a)-(d)) for the total number of months checked below:

04/03/2006 TL0111 00000069 500388 10044162

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| <u>Months</u> | <u>Large Entity</u> | <u>Small Entity</u> |
|--------------------------------|---------------------|---------------------|
| <input type="checkbox"/> one | \$120.00 | \$ 60.00 |
| <input type="checkbox"/> two | \$450.00 | \$225.00 |
| <input type="checkbox"/> three | \$1,020.00 | \$510.00 |

If an additional extension of time is required, please consider this a petition therefor.

☐ An extension for _____ month(s) has already been secured and the fee paid therefor of \$ _____ is deducted from the total fee due for the total months of extension now requested.

☒ Applicant believes that no extension of time is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.


Total Fee Due

| | |
|------------------------|-----------------|
| Notice of Appeal Fee | \$500.00 |
| Extension Fee (if any) | \$ |
| Total Fee Due | \$500.00 |

☐ Enclosed is Check No. _____ in the amount of \$ _____

☒ Charge the required fees and any additional fees or credit any overpayment to Deposit Account No. 500388, (Order No. NSC1P225R).

Respectfully submitted,
BEYER WEAVER & THOMAS, LLP


Steve D Beyer
Reg. No. 31,234

P.O. Box 70250
Oakland, CA 94612-0250
(650) 961-8300

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